

REVIVE! How to Guide for Trainer's – July 2020

Background

On November 21, 2016, the former State Health Commissioner, Dr. Marissa Levine, declared the Virginia opioid crisis a Public Health Emergency and it continues today. Since 2013, fatal drug overdose has been the leading method of unnatural death in Virginia and opioid overdoses have been the driving force. On average, more than 3 people die each day from an opioid overdose in Virginia. These overdoses occur in urban, rural, and suburban communities across the state.

In addition to the Public Health Emergency declaration, Dr. Levine issued the first statewide standing order for naloxone, making this life-saving drug available to every person in Virginia without needing to obtain a doctor's order. The Good Samaritan Law (§8.01-225) permits any person, in good faith, to administer naloxone to someone who is experiencing an opioid overdose. Virginia Law (§54.1-3408) permits any person who has received instruction to carry and possess naloxone legally. These laws apply to private citizens and professional first responders including non-medical personnel such as law enforcement.

Training Overview

The creation of this course is to educate and train Virginians to recognize and respond to an opioid overdose emergency with the administration of naloxone

This training will take one to one and half hours. It utilizes slide presentation, discussion, and demonstration.

Materials needed for this course include:

- Laptop or Computer
- Projector (Audio Visual Equipment)
- PowerPoint slides
- Naloxone (or knowledge of community referral)
- Naloxone demonstration models (optional)
- REVIVE! kits
- Mannequin
- Copy of relevant protocols (if training occurs at agency)
- Training evaluation forms (or digital format)

Using the Trainer's Guide

This curriculum contains the following materials to prepare and conduct the training:

- Agenda
- PowerPoint slides with trainer notes and key talking points
- Appendices:
 - REVIVE! Evaluation Form
 - Additional Resources

Naloxone Dispensing

This training is most effective when participants have naloxone dispensed at the time of training. If naloxone is not dispensed at the training, please be sure to learn where individuals can receive naloxone in their community.

Additional Resources

Please visit <http://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive> for additional resources available to first responders for obtaining naloxone, updates on training, and additional guidance.

Training Agenda

Below is an outline and sequence of sections, key topics, and the estimated time needed to cover each section.

Section	Key Topics	Time	Slides
Introduction	<ul style="list-style-type: none"> □ Introductions □ Course objectives 	2 minutes	Slides 1-2
The Opioid Epidemic in Virginia	<ul style="list-style-type: none"> □ The Opioid Crisis □ Fatal Drug Overdose Data 	2 minutes	Slides 3
Virginia Allowances for Overdose Response	<ul style="list-style-type: none"> □ Virginia's Good Samaritan Law □ Safe Reporting of Overdoses law □ Standing Order 	5 minutes	Slides 4-6
Opioid Overdoses & Naloxone	<ul style="list-style-type: none"> □ Opioids □ Opioid Overdoses □ Risk factors for Overdose □ Naloxone 	20-25 minutes	Slides 7-25
Steps of opioid overdose response	<ul style="list-style-type: none"> □ Signs of overdose □ Respiration support □ Administration of naloxone □ Monitoring and follow up 	15-20 minutes	Slides 26-36
Additional Information	<ul style="list-style-type: none"> □ Safety recommendations □ Testimonials □ Responder Fatigue 	10-20 minutes	Slides 37
Wrap-up	<ul style="list-style-type: none"> □ Q+A discussion □ Course evaluation 	5-10 minutes	Slides 38-40



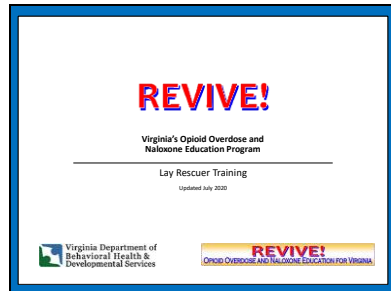
70-90 minutes

This training should not be altered without consent from the Virginia Department of Behavioral Health and Developmental Services.

PowerPoint Presentation and Training Slides

The following trainer notes contain key talking points and tips for delivering the presentation.

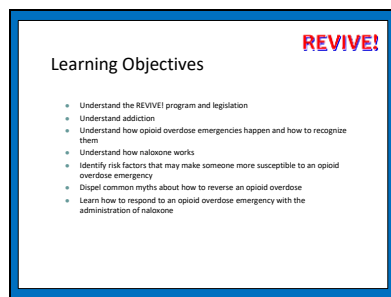
Slide 1



Welcome participants to the training. Introduce yourself and your role and ask any co-presenters to introduce themselves. "The purpose of this training is to give you more information and skills to respond to overdoses and save lives in your community."

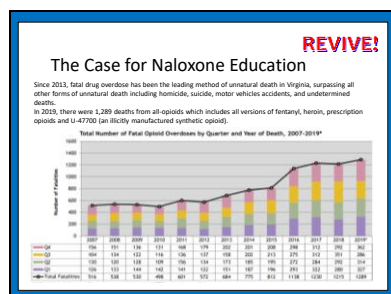
Trainer note: You may find it useful to ask a few brief questions to get familiar with the audience's experience with opioid overdose:

Slide 2



Review the objectives

Slide 3



Review the slide as written.

Trainer note: In 2019, there were 1,289 deaths from opioid overdoses; all fatal opioid overdoses increased 6.1% from the previous year. This same year 79.7% of all fatal overdoses of any substance were due to one or more opioids.

Slide 4



Review the slide as written.

Virginia also included naloxone administration into its Good Samaritan Law to provide protections for both citizens and first responders in the case of an opioid overdose.

Slide 5

REVIVE!

Safe Reporting of Overdoses
(applies to people involved in an overdose situation)
§ 18.2-251.03 Arrest and prosecution when experiencing or reporting overdoses

No individual shall be subject to arrest or prosecution for

- the unlawful purchase, possession, or consumption of alcohol pursuant to § 4.1-305;
- possession of a controlled substance pursuant to § 18.2-250;
- possession of marijuana pursuant to § 18.2-250.1; intoxication in public pursuant to § 18.2-305;
- or possession of controlled paraphernalia pursuant to § 18.2-366 if:

1. Such individual (i) in good faith, seeks or obtains emergency medical attention (a) for himself, if he is experiencing an overdose, or (b) for another individual, if such other individual is experiencing an overdose, or (ii) is experiencing an overdose and another individual, in good faith, seeks or obtains emergency medical attention;
2. Such individual remains at the scene of the overdose or at any alternative location to which he or she or the person requiring emergency medical attention has been transported until a law-enforcement officer responds to the report of an overdose. If no law-enforcement officer is present at the scene of the overdose or at the alternative location, then such individual shall cooperate with law enforcement as otherwise set forth herein;
3. Such individual identifies himself to the law-enforcement officer who responds to the report of the overdose; and
4. The evidence for the prosecution of an offense enumerated in this subsection was obtained as a result of the individual seeking or obtaining emergency medical attention.

Note: C. The provisions of this section shall not apply ...during the execution of a search warrant or during the conduct of a lawful search or a lawful arrest.

Review the slide as written

Trainer note: To get you to the scene of an overdose, people need to call 911 or seek help. Many individuals, however, are reluctant to call 911 or seek help because they want to avoid law enforcement involvement. To address this concern, Virginia passed the Arrest and prosecution when experiencing or reporting overdoses law in 2020. This law replaced the previous Safe Reporting of Overdoses law and now provides protection for the person overdosing.

Slide 6

REVIVE!

The Standing Order and Naloxone Access

A standing order has been issued for the State of Virginia allowing for individuals to go to any pharmacy to purchase naloxone without first obtaining a prescription from your doctor.

Naloxone can be obtained from:

- Local health departments **(no cost)**
- Community services boards **(no cost)**
- Community pharmacies **(insurance or out of pocket payment)**

******Call your health department or community services board before going to ask about naloxone availability ******

In 2016, the opioid epidemic was declared a public health emergency and with that declaration naloxone access increased. The standing order issues a “blanket prescription” for every person in Virginia. Individuals can obtain naloxone from pharmacies just like a flu vaccine – no prescription required – or from other groups that are dispensing naloxone.

Slide 7

REVIVE!

Understanding Addiction

People don't plan to get addicted to drugs.

When people first take a drug, they might like how it makes them feel. They believe they can control how much and how often they take the drug. But drugs can take away people's control. Drugs can change the brain.

Addiction refers to substance use disorders at the severe end of the spectrum and is characterized by a person's inability to control the impulse to use drugs even when there are negative consequences.

<https://www.researchgate.net/publication/311111111>

Review slide as written.

Slide 8

REVIVE!

Nuggets Video



Video Courtesy of Filmbuilder and Friends. Online the video can be accessed at <https://www.youtube.com/watch?v=...>

Create a group discussion after the video.

What do you think after watching this? What did you notice about the kiwi (bird)? What changes did you notice in the environment? For more talking points please see the appendix.

Slide 9

REVIVE!



WHAT IS AN OPIOID?

Opioids are a class of drugs that include:

- Heroin
- synthetic opioids (like fentanyl)
- pain relievers available legally by prescription (like oxycodone (OxyContin®), hydrocodone (Vicodin®), morphine, etc.)

NHL.GOV/OPIOIDS

Review slide as written.

Slide 10

REVIVE!

Common Opioids

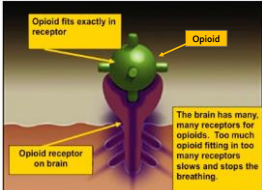
Generic	Trade	Street
Hydrocodone	LorTab, Vicodin	Hydro, Norco, Vikes
Oxycodone	Oxycontin, Percocet	Oh, Oxy, Oxycontin, Kicker, Hittably Heroin
Morphine	Kadian, Miltexin	M, Miss Emma, Morley, White Stuff
Codine	Tylenol #3	Schoolboy, T-3s
Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT
Carfentanyl	Wildnil	Drop Dead, Flatline, Lethal Injection
Hydromorphone	Dilaudid	Dil, Shut, Footballs, D, Big D, M-2, M-80s, Crazy Bz, Super Bz
Oxymorphone	Opium	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Neperdine	Demerol	Dillies, D, Juice
Methadone	Dolophine, Methadose	Meth, Junk, Fizzes, Doffs, Jungle Juice
Heroin	Diacetylmorphine	Dope, Smack, Big H, Black Tar, Dog Food
Buprenorphine	Burnerel, Suboxone, Subutex	Sobos, Bups, Stops, Oranges
Tramadol	Ultram, ConZip	Chill Pills, Tramies, Ultras

Briefly overview these opioids. You do not need to review all of the street/trade names.

Slide 11

REVIVE!

What Is an Opioid Overdose?



Opioid fits exactly in receptor

Opioid

Opioid receptor on brain

The brain has many many receptors for opioids. Too much opioid fitting in too many receptors slows and stops the breathing

Mention that the opioids perfectly fit onto the receptors. Opioids are supposed to relax a person, they allow people to get rest when treated medically with prescription opioids by slowing the heart rate and breathing rate. Overdoses happen when it slows those down too much.

Slide 12

REVIVE!

What are risk factors that can make someone more likely to experience an overdose?

Ask for group engagement.

Slide 13

REVIVE!

Risk Factors for Opioid Overdose

Certain people are at higher risk for opioid overdose emergencies, including:

- Prior Overdose
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, or incarceration
- Mixing drugs – combining opioids with other drugs, including alcohol, stimulants or depressants. Combining stimulants and depressants DO NOT CANCEL EACH OTHER OUT
- Using alone
- Variations in strength or quantity or changing formulations (e.g., switching from quick acting to long lasting/extended release)
- Medical conditions such as chronic lung disease or kidney or liver problems

Review slide as written.

Overdose happens in all age groups and in all contexts of opioid use—from long-term heroin users, to patients prescribed painkillers, to young people experimenting with drugs.

One of the most frequent causes of overdose is when a person begins using opioids again after a break in use. After a break in use, tolerance to opioids goes down and the body cannot handle as much as it did before. If a person uses the amount of opioids they did before the break, they may overdose because they cannot tolerate the amount. Many opioid overdoses occur with other drugs especially with other drugs that slow down breathing like benzodiazepines (such as Xanax or Valium), sleep medications, and alcohol. Cocaine and methamphetamine deaths are on the rise and frequently combined with opioids. Illicitly purchased drugs are often stronger than expected or a different drug entirely. People who have overdosed before are more likely to overdose again, due to riskier practices. Finally, using opioids when no one else is present does not *cause* an overdose, but increases the likelihood that the overdose will be fatal as no one is there to help.

Slide 14

REVIVE!

How can you tell the difference between someone who is high and someone who has overdosed?

Ask for group engagement.

Slide 15

REVIVE!

Signs of an Opioid Overdose

Really High	Overdosed
Muscles become relaxed	Face is very pale or clammy
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy-looking, "nod out"	Deep snoring or gurgling (death rattle)
Responsive to shouting, sternal rub or ear lobe pinch	Unresponsive to any stimuli
Normal heart rate and/or pulse, Normal skin tone	Slow or no heart rate and/or pulse
Pupils will contract and appear small "pinpoint pupils"	For lighter skinned people, the skin tone turns bluish purple; for darker skinned people, it turns grayish or ashen.

If someone is making unfamiliar sounds while "sleeping" it is worth trying to wake him or her up. Many loved ones of users think a person was snoring, when in fact the person was overdosing. These situations are a missed opportunity to intervene and save a life.

Review the slide as written.

Slide 16

REVIVE!

What are some myths you have heard about ways to reverse an opioid overdose?

Ask for group engagement.

Slide 17

REVIVE!

Myths on Overdose Response

There are many myths about how to reverse an opioid overdose. Here are some, and why you **SHOULD NOT DO THEM**.

- DO NOT put the individual in a bath. They could drown.
- DO NOT induce vomiting or give the individual something to drink. They could choke.
- DO NOT put the person in an ice bath or put ice in their clothing or in any bodily orifices. Cooling down the core temperature of an individual who is experiencing an opioid overdose emergency is dangerous because it can further depress their heart rate.
- DO NOT try and stimulate the individual in a way that could cause harm, such as slapping them hard, kicking them, or other more aggressive actions that may cause long-term physical damage.
- DO NOT inject them with any foreign substances (e.g., salt water or milk) or other drugs or force them to eat or drink anything. It will not help reverse the overdose and may expose the individual to bacterial or viral infection, abscesses, endocarditis, cellulitis, choking, etc.

Review the slide as written.

Trainer note: When you review this slide, it is important to respect the individuals that perform these measures to save their loved ones/friends lives. The goal of the REVIVE! program is to provide education on what to do during an opioid overdose especially to those who have historically not had access to this information.

Slide 18

REVIVE!

Naloxone is the only effective response to an opioid overdose emergency!

Review the slide as written.

Slide 19

REVIVE!

WHAT IS NALOXONE?

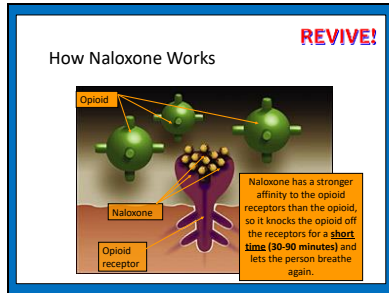
Naloxone is a medication designed to rapidly reverse opioid overdose.

Available in three FDA-approved formulations: injectable, autoinjectable and prepackaged nasal spray.

HHS.GOV/OPIDS

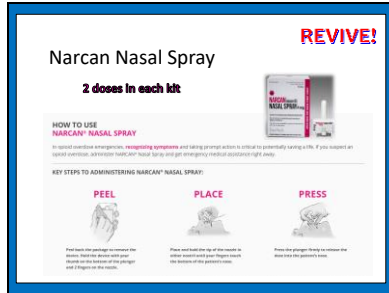
Review the slide as written.

Slide 20



Review the slide as written.

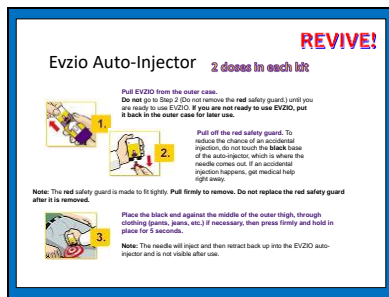
Slide 21



Review the slide as written. Demonstrate with practice device.

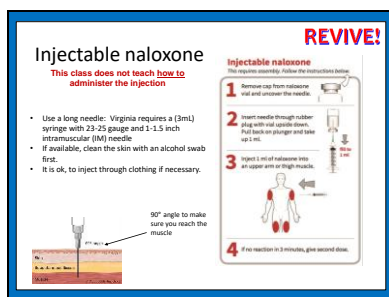
Trainer note: A person does not have to be breathing to receive nasal naloxone, it is actually designed to be given to someone not breathing and gets absorbed by the mucus membranes.

Slide 22



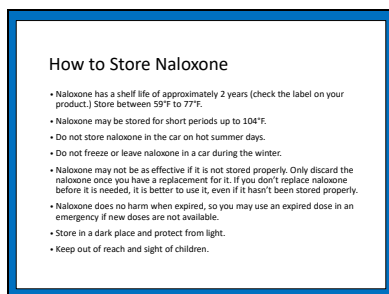
Review the slide as written. Demonstrate with practice device.

Slide 23



Review the slide as written.

Slide 24



Review the slide as written.

Slide 25

Safety of Naloxone

Serious side effects from naloxone use are very rare.

Using naloxone during an overdose far outweighs any risk of side effects. If the cause of the unconsciousness is uncertain, giving naloxone is not likely to cause further harm to the person. Reported side effects are often related to acute opioid withdrawal.

Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or amphetamines.

Naloxone has no abuse potential.

Naloxone has the same dose for an adult and a child.

Review the slide as written.

Slide 26

Steps to Respond to an Opioid Overdose

REVIVE!

1. Check for **Responsiveness**
2. **Call 911**, if you must leave the individual alone, place them into recovery position.
3. Give **2 Rescue Breaths** (if the person is not breathing)
4. Administer **Naloxone**
5. Continue **Rescue Breathing**
6. Assess and respond based on outcome of first naloxone administration

****If you must leave an unresponsive person at anytime, put them in recovery position****

Review the slide as written. For the next 9 slides use a manikin and demonstrate the steps on a manikin.

Trainer note: Apply Gloves!

Slide 27

1. Check for Responsiveness

REVIVE!

- Try to stimulate them. You can shout their name, tap their shoulder, or pinch their ear lobe.
- Give a sternum rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
- Check for breathing. Put your ear to the person's mouth and nose so that you can also watch their chest. Feel for breath and watch to see if the person's chest rises and falls.
- If the person does not respond or is not breathing, proceed to step 2

Review the slide as written. Demonstrate on manikin.

Slide 28

2. Call 911

REVIVE!

Calling 911 immediately when responding to an overdose is vital. An individual who has overdosed needs to be **assessed by medical professionals**.

- If there is more than one person around instruct another individual to call 911.
- If with a cell phone call 911, put call on "speakerphone" and place phone on the ground.
- Report that the person's breathing has slowed or stopped, he or she is unresponsive, it is a suspected overdose, and give the exact location.




Review the slide as written. Demonstrate on manikin.

Slide 29

Recovery Position

REVIVE!



Review the slide as written.

Slide 30

3. Give 2 Rescue Breaths


1. Place the person on their back.
2. Tilt their chin up to open the airway.
3. Plug their nose with one hand, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging their nose.

Review the slide as written. Demonstrate on manikin.

Trainer note: Note the pocket shield in the REVIVE! kit, show participants what it looks like and show the images. Here you want to highlight the importance of opening the airway for breaths to be effective.

Slide 31

4. Administer Naloxone **REVIVE!**



Naloxone usually starts working within 30-45 seconds after it is given, but we give the person up to 3 minutes to respond. While you wait for naloxone to take effect, immediately begin Step 5.

Review the slide as written. Demonstrate on manikin.

Trainer note: Apply the “Naloxone has been given stickers”.

Slide 32

5. Rescue Breathing or CPR (if rescuer is CPR trained or instructed to do so by 911) **REVIVE!**

1. Place the person on their back.
2. Tilt their chin up to open the airway.
3. Plug their nose with one hand, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging their nose.
4. Repeat, give 1 breath every 5 seconds.

PLEASE NOTE: You may have heard that recent CPR guidelines recommend “hands-only CPR,” or only chest compressions instead of rescue breathing and chest compressions. These guidelines are for layperson response to cardiac arrest, and NOT overdose. It is still recommended that you perform rescue breathing for an overdose, where the primary issue is respiratory depression, and not cardiac arrest. Brain damage can occur after three to five minutes without oxygen. Rescue breathing gets oxygen to the brain quickly. Once you give naloxone, it may take some time for it to be take effect, so the person may not start breathing on their own right away. Continue rescue breathing/cpr for them until the naloxone takes effect or until emergency medical services arrive.

Review the slide as written. Demonstrate on manikin.

Slide 33

6. Assess and Respond **REVIVE!**

Most individuals will recover after a single dose of naloxone is administered. Ideally, while performing Step 5 the person will begin breathing on their own.

However, there are **two cases** in which you may need to administer a second dose of naloxone:

- **Situation A:** If the individual has not responded to the initial dose within three minutes.
- **Situation B:** If the individual has relapsed into an overdose again after having previously recovered with the initial dose.

Review the slide as written.

Trainer note: It can be beneficial if you are acting out scenarios on the manikin. For example, “Ideally Bob will recover from this overdose within a minute or so of receiving naloxone. However, there are two situations when we may have to give a second dose. The first would be if I have been on Step 5, giving rescue breathing for 3 minutes. The other would be if Bob recovered, he became conscious and was breathing on his own, but then he became unresponsive again.”

Slide 34

REVIVE!

When to give a 2nd dose of naloxone

SITUATION A: The individual has not responded to the initial dose within three minutes

When this occurs:

- Naloxone should take effect within 30-45 seconds but may take longer
- Wait three minutes (continue rescue breathing/cpr during this time)
- At three minutes, if still no response, administer second dose of naloxone
- If person remains unresponsive after the second dose is administered, continue rescue breathing/cpr until emergency medical services arrives.

Review the slide as written.

Slide 35

REVIVE!

When to give a 2nd dose of naloxone

SITUATION B: The individual has relapsed into an overdose again after having previously recovered with the initial dose.

Naloxone has a very short half life – 30-90 minutes. In some cases, there is so much opioid in the system that the person can relapse back into overdose after the naloxone has worn off.

If this occurs:

- Repeat steps 1 through 5
- Continue rescue breathing/cpr until person recovers or until emergency medical arrives.

Review the slide as written.

Trainer note: The image illustrates that when naloxone works it does not destroy the opioids in the system, so they can reattach when naloxone wears off. It also highlights the short period of time naloxone works.

Slide 36

REVIVE!

Aftercare of a Recovered Person

People wake up from an overdose differently.

While people are often confused and anxious, they are rarely violent or combative. **This is a person in psychological distress.**

Many times when people overdose they don't realize what has happened.

Explain what happened and emphasize the importance of waiting for emergency medical services to arrive so they can be assessed.

If the person is dependent on opioids they will be in withdrawal since opioids cannot attach to receptors while naloxone is present – even if they take more drugs it will not help.

Let them know that once naloxone wears off they could potentially relapse into an overdose again if opioids are still in their system.

Review slide as written.

Slide 37

REVIVE!

Hands-On Training

Take this time to practice mock scenarios responding to opioid overdoses.

1. Check for **Responsiveness**
2. **Call 911**, if you must leave the individual alone, place them into recovery position.
3. Give **2 Rescue Breaths** (if the person is not breathing)
4. Administer **Naloxone**
5. Continue **Rescue Breathing**
6. Assess and respond based on outcome of first naloxone administration


For in-person trainings, this is very important. Use scenarios for persons to practice going through the steps.

Slide 38

REVIVE!

REVIVE! Kits

- 2 Pairs of Vinyl Gloves
- 2 Pocket Face Shield
- 2 "Naloxone Has Been Given" Stickers
- 1 Instruction Card
- 1 Canvas Carrying Case



If you use your REVIVE! training let us know using the link found on the instruction card in your kit!

Review the REVIVE! kits that have been provided to attendees.


Slide 39

REVIVE!

Thanks for your attendance!

For more information:
REVIVE@dbhhs.virginia.gov
<http://www.dbhhs.virginia.gov/individuals-and-families/substance-abuse/revive>

Complete the evaluation for today's training!



Have those with smartphones

1. Launch your camera.
2. Point it at the QR code.
3. Press and hold the home button.
4. Tap to trigger the code's action.

For others provide the weblink for the evaluation or provide paper evaluations.